This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/	)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

				Return completed workbook by email to:
STATEME	NT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	email to:
	<sup>r</sup> Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable System	s (Short Form)	8/26/2024	\$	For additional information, contact the U.S. Copyright Office
General instruct	ions are located			Licensing Division at: Tel: (202)
in the first tab of	this workbook		ALLOCATION NUMBER	707-8150
	r			]
A	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT: (YYYY/(P	eriod))	
		<b>.</b>		
	2024/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202/	Barcode Data Filing Period (optional - se	ee instructions)	
	2024	1		
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of the subsidiary, not that of the parent corporatio		another corporation, give the full corporate title o	f the
Owner	List any other name or names under which t	he owner conducts the business of the cable s	system.	

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.

		or account and royary rec payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63536
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Hollis Telephone Company, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Road	
		(Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717	
		(City, town, state, zip)	
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless thes a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	e
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	1	TDS Telecom, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(Chr. Java, alaba air anda)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	024/01	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Hollis Telephone Company, Inc.	63536
D Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile how city.	/" is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete re as a form of system identification hereafter known as the
	CITY OR TOWN	STATE
First	Hollis	NH
Community		
Add Dours on Nonoscopy		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:							1-2E. PAGE
Name	Hollis Telephone Compan	y, Inc.							6353
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SE In General: The information in space system, that is, the retransmission of about other services (including pay last day of the accounting period (J Number of Subscribers: Both bild down by categories of secondary tra- each category by counting the num separately for the particular service Rate: Give the standard rate cha unit in which it is generally billed. (E category, but do not include discour Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: M categories, that person or entity she subscriber who pays extra for cable	ERVICE: SUBSC ce E should cove of television and cable) in space une 30 or Decen ocks in space E ansmission servi ber of billings in at the rate indic rged for each ca ixample: "\$20/min ts allowed for a space E, the for their subscriber Where an individ buld be counted	er all cate radio bro F, not he nber 31, call for ti ice. In ge that cate ated—not tegory of th"). Sum dvance p m lists th s. Give ti ual or org as a sub	egories of secon badcasts by you re. All the facts as the case ma he number of su neral, you can gory (the number the number of service. Includ marize any star bayment. he categories of he number of su ganization is rec scriber in each	r system to you state m / be). bscribers t compute the er of persor sets receive both the a dard rate v secondary bscribers a eiving serv applicable of	o subscribers. Give nust be those exist o the cable syster e number of subsc ring service). amount of the cha variations within a transmission serv and rate for each I ice that falls unde category. Example	e informatio ting on the n, broken cribers in s charged rge and the particular r ice that cal isted categ r different b: a residen	ate ole ory	
	first set" and would be counted once Block 2: If your cable system has printed in block 1 (for example, tiers with the number of subscribers and sufficient.	s rate categories s of services that rates, in the righ	for seco t include	ndary transmiss one or more se	ion service condary tra	nsmissions), list tl	nem, togeth	ner	
		OCK 1 NO. OF	<u> </u>				BLUCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		659	\$30/mo					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		4	\$64/mo					
	Converter								
	Residential		659	\$6/Mo.					
	• Non-residential  SERVICES OTHER THAN SECON								
F Services Other Than Secondary ransmissions: Rates	In General: Space F calls for rate ( not covered in space E, that is, those service for a single fee. There are the furnished at cost or (2) services or fa amount of the charge and the unit in enter only the letters "PP" in the rate Block 1: Give the standard rate of Block 2: List any services that you listed in block 1 and for which a sep brief (two- or three-word) description	se services that wo exceptions: y facilities furnishe n which it is usua e column. charged by the c bur cable system parate charge wa	are not o rou do no ed to none ally billed able syst furnishe as made o	ffered in combin t need to give r subscribers. Ra . If any rates ar em for each of d or offered dur or established. I	hation with a te information te information te charged of the application the acc	any secondary tra tion concerning (1 on should include on a variable per-p ole services listed ounting period tha	nsmission ) services both the program bas t were not	sis,	
		BLO	<u>CK 1</u>					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	¢0.00.¢4=.00		tion: Non-resid	ential				
	• Pay cable	\$8.00-\$15.00		el, hotel		£0. £50.00			
	Pay cable—add'l channel     Fire protection			mercial		\$0 - \$50.00			
	Fire protection		-	cable	anal				
	•Burglar protection Installation: Residential			cable-add'l cha	mei				
		¢0, ¢40,05		protection					
	First set     Additional set(s)	\$0-\$49.95 \$0-\$49.95		lar protection					
	Additional set(s)     EM radio (if separate rate)	<b>Φ</b> υ- <b>Φ</b> 49.95	Other s	onnect		\$0_\$25.00			
	• FM radio (if separate rate)     • Converter					\$0-\$25.00			
	Converter			onnect					
				et relocation e to new addres		19.98-39.96			

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:		SYSTEM II
Name	Hollis Telephone Comp	any, Inc.		6353
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable system d FCC rules and regulations in e	fy every television station (including trans uring the accounting period, <i>except</i> (1) s ffect on June 24, 1981, permitting the ca 2) and (4), or 76.63 (referring to 76.61(e))	stations carried only on a part-time basi rriage of certain network programs [sec	s under tions
Transmitters: Television	Substitute Basis Stations: W basis under specific FCC rules • Do not list the station here in	xplained in the next paragraph. /ith respect to any distant stations carried , regulations, or authorizations: . space G—but do list it in space I (the Sp what it the basis		
	basis. For further information of <b>Column 1:</b> List each station's multicast stream associated wi "WETA-2" as the same on the	b in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra ith a station according to its over-the-air form.	page (v) of the general instructions. am services such as HBO, ESPN, etc. designation. For example, report multis	Identify each stream
	of license. For example, WRC Column 3: Indicate in each ca educational station, by entering (for independent multicast), "E For the meaning of these term Column 4: Give the location o	umber the FCC assigned to the televisio is channel 4 in Washington, D.C. se whether the station is a network static g the letter "N" (for network), "N-M" (for n " (for noncommercial educational), or "E- s, see page (iv) of the general instructior f each station. For U.S. stations, list the on n stations, if any, give the name of the cc	on, an independent station, or a noncon etwork multicast), "I" (for independent), M" (for noncommercial educational mul is in the paper SA1-2 form. community to which the station is licens	nmercial "I-M" ticast). sed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WMUR	9.1	N	Littleton, NH
	WMUR-DT2	9.2	<u>N-M</u>	Littleton, NH
dd Rows as Necessary	WBZ	4.1	N	Boston, MA
	WBZ-DT2	4.2	N-M	Boston, MA
	WBZ-DT3	4.3	N-M	Boston, MA
	WFXT	25.1	N	Boston, MA
	WFXT-DT2	25.2	N-M	Boston, MA
	WFXT-DT3	25.3	N-M	Boston, MA
	WBTS-LD	15.1	N	Boston, MA
	WBTS-DT2	15.2	N-M	Boston, MA
	WBTS-DT3	15.3	N-M	Boston, MA
	WLVI	56.1	I	Cambridge, MA
	WLVI-DT2	56.2	I-M	Cambridge, MA
	WENH	11.1	E	Durham, NH
	WENH-DT2	11.2	E-M	Durham, NH
	WENH-DT3	11.3	E-M	Durham, NH
	WENH-DT5	11.5	E-M	Durham, NH
	WGBH	2.1	E	Boston, MA
	WGBX	44.1	Е	Boston, MA
	WGBX-DT3	44.3	E-M	Boston, MA
	WVER	41.1	E	Windsor, VT
	WNEU	60.1	I	Merrimack, NH
	WNEU-DT3	60.3	I-M	Merrimack, NH
	whdh	7.1	I	Boston, MA
	WHDH-DT2	7.2	I-M	Boston, MA
	WPXG	21.1		Concord, NH
	WSBK	38.1		Boston, MA
	WSBK-DT2	38.2	I-M	Boston, MA
	WSBK-DT2 WSBK-DT3	38.2 38.3	I-M	Boston, MA Boston, MA

Accounting Period: 2	2024/01			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM ID
Name	Hollis Telephone Comp	any, Inc.		6353
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ident carried by your cable system of FCC rules and regulations in of 76.59(d)(2) and (4), 76.61(e)( substitute program basis, as of Substitute Basis Stations: V basis under specific FCC rule • Do not list the station here in station was carried only on a • List the station here, and als basis. For further information Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel of license. For example, WR( Column 3: Indicate in each c educational station, by enterir (for independent multicast), "E For the meaning of these term Column 4: Give the location of	fy every television station (including trans during the accounting period, $except$ (1) s affect on June 24, 1981, permitting the car 2) and (4), or 76.63 (referring to 76.61(e)(2) explained in the next paragraph. Vith respect to any distant stations carried s, regulations, or authorizations: n space G—but do list it in space I (the Sp substitute basis. o in space I, if the station was carried bott concerning substitute basis stations, see p call sign. <i>Do not</i> report origination progra <i>i</i> th a station according to its over-the-air co	tations carried only on a part-time basi riage of certain network programs [sec 2) and (4))]; and (2) certain stations ca by your cable system on a substitute p ecial Statement and Program Log)—if n on a substitute basis and also on son page (v) of the general instructions. m services such as HBO, ESPN, etc. lesignation. For example, report multis a station for broadcasting over the air in n, an independent station, or a noncon etwork multicast), "I" (for independent), (" (for noncommercial educational mul s in the paper SA1-2 form. ommunity to which the station is licens	s under stions rried on a borogram the the lidentify each stream in its community intercial "I-M" ticast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WWJE-DT	50.1	I	Derry, NH
	WYDN	48.1	1	Worchester, MA

Accounting Pe								FO	RM SA1-2E. PAGE 4
LEGAL NAME OF Hollis Teleph									SYSTEM ID: 6353
		, mo.							0000
	every radio stat	tion carrie	d on a separate and discrete ba ally receivable by your cable sys				ed on an		н
receivable if (1) it on the basis of m For detailed infor paper SA1-2 forn Column 1: Ide Column 2: Sta Column 3: If tt signal, indicate th Column 4: Giv	t is carried by the conitoring, to be mation about the n. entify the call signate whether the he radio station his by placing a we the station's	he system received he Copyr gn of eacl station is signal check ma location (	and FM Carriage: Under Copy of whenever it is received at the lat the headend, with the system ight Office regulations on this p in station carried. AM or FM. was electronically processed by ark in the "S/D" column. (the community to which the state community with which the state	sys m's oin y th	stem's headend, a FM antenna, du t, see page (v) of e cable system a n is licensed by tl	and (2) it can be ring certain stai f the general ins s a separate an	e expecte red interv structions	ed, als. ; in the. te	Primary Transmitters: Radio
CALL SIGN		S/D	LOCATION OF STATION	тт	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	AM or FM	5/0	LOCATION OF STATION	Н	GALL SIGN		5/0	LOCATION OF STATION	
1/A				-					
				-					
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Accounting Period	: 2024/01						FO	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:	:					SYSTEM ID#
Name	Hollis Telephone Comp	any, Inc.						63536
l Substitute	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting p programming that must be inc	/ every nonne eriod, under s	<i>twork television p</i> pecific present ar	program, broadcast by a distand ad former FCC rules, regulatio	ns, or authoriz	ations. For a		
Substitute Carriage: Special						2 10111.		
Statement and	During the accounting period				nonnetwork te	evision proc	ıram	
Program Log	broadcast by a distant static	•		y, on a substitute bable, any				XNO
	5					L	YES	
	Note: If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes," y	/ou must com	plete the proo	gram	
	log in block 2. 2. LOG OF SUBSTITUTE							
	In General: List each substit clear. If you need more space Column 1: Give the title of period, was broadcast by a d under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. B Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program o e, please add f every nonne istant station ulations, or au es like "movies ulls." was broadcas gn of the stati cast station's dian station's dian stations, n and day whe "5/7." when the sul example: a pro- "R" if the listed d regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s" or "basketball. st live, enter "Yes on broadcasting location (the co if any, the comre on your system of bostitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for th e page (v) of the general ins " List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program was carried by your cable sy a system from 6:01:15 p.m. substituted for programming the accounting period; enter	n") that, during e programmin tructions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accoun ng of another urther informa "I Love Lucy" y the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> if the listed p	ting station ation. ' or in nonth ately <i>uired</i>	
		SUBSTITUT	E PROGRAM					7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES — TO	DELETION
	N/A						_	
							_	
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Accounting Period: 2	024/01			FORMS	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#
	Hollis Telephone Company, Inc.				63536
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to co page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ondary tra compute t	Insmission serv	ice	98,782.54 pss receipts)
	COPYRIGHT ROYALTY FEE				
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than 1.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 3.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more inform</li> </ul>	\$527,600			
	BLOCK 1: GROSS RECEIPTS OF \$137,100 (	OR LES	S		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	ı must pay	/ for this six-mo	nth	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu	ut more t			
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		208,782.54		
	3. Subtract line 2 from line 1		55,017.46		
	4. Enter the amount of gross receipts from space K			208,782.54	
	5. Enter the amount from line 3			55,017.46	
	6. Subtract line 5 from line 4		•	153,765.08	
	7. Multiply line 6 by .005 (enter figure here)			\$	768.83
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			\$	768.83
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (	(but less	than \$527,600	))	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		,		
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	_	•	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6				
	7. TOTAL ROTALIT FEE PATABLE FOR ACCOUNTING PERIOD. Add lines 4, 3, and 0				
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	·····	\$	768.83	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · <u> </u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	788.83
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel in				

Name       LEGAL NAME OF OWNER OF CABLE SYSTEM: Hollis Telephone Company, Inc.         M       CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations       32	SYSTEM ID# 63536
M       Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations         Channels       to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable       32	
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N     INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)       Individual to Be Contacted     Be Contacted	
for Further Information         Name         Mitchell Maier         Telephone         (608) 886-8210	
Address <u>525 Junction Rd</u> (Number, street, rural route, apartment, or suite number) <u>Madison, WI 53593</u> (City, town, state, zip)	
Email <u>Finance@tdstelecom.com</u> Fax (optional)	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
Typed or printed name: Sharon V. Tisdale	
Title:     Assistant Treasurer       (Title of official position held in corporation or partnership)	
Date: August 12, 2024	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

punting Period: 2024/01	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
is Telephone Company, Inc.	6353
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment         x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
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